



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 30, 2016

Denise Aleardi
The Aleardi Inn, LLC
34206 W. 13 Mile Rd.
Farmington Hills, MI 48331

RE: Application #: AS630371353
Aleardi's Lialic Inn - FH
28326 Shadylane Drive
Farmington Hills, MI 48336

Dear Ms. Aleardi:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Adams".

Cindy Adams, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS630371353

Applicant Name: The Aleardi Inn, LLC

Applicant Address: 34206 W. 13 Mile Rd.
Farmington Hills, MI 48331

Applicant Telephone #: (734) 788-3000

Administrator/Licensee Designee: Denise Aleardi

Name of Facility: Aleardi's Lialic Inn - FH

Facility Address: 28326 Shadylane Drive
Farmington Hills, MI 48336

Facility Telephone #: (734) 788-3000

Application Date: 01/09/2015

Capacity: 6

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/09/2015	Enrollment
01/16/2015	Inspection Report Requested - Health 1023846.
01/20/2015	Application Incomplete Letter Sent FP with FCL code (non-workforce)/Denise.
01/20/2015	Contact - Document Sent Act & Rules.
04/04/2016	Contact - Document Received App &1326/Denise.
04/05/2016	File Transferred To Field Office Pontiac.
04/08/2016	Contact - Document Received Licensing file received from Central office
04/14/2016	Application Incomplete Letter Sent
11/03/2016	Contact - Document Received Received requested supportive documents.
11/03/2016	Inspection Completed On-site
11/03/2016	Inspection Completed-BCAL Sub. Compliance
11/03/2016	Confirming Letter Sent
11/04/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Aleardi's Lilac Inn LLC is located at 28326 Shadylane in Farmington Hills, MI and is owned by Ignazio and Denise Aleardi. Proof of ownership and permission to inspect the property is contained in the facility file.

Aleardi's Lilac Inn LLC is a brick, ranch styled structure with 2,348 square feet of living space with an attached garage of 744 square feet. The home is situated on a residential street in the Woodbine subdivision in the city of Farmington Hills. The home is in close proximity to many resources for shopping, worship, and recreation. The home is serviced by municipal water and sewage systems through the City of Farmington Hills. The home consists of a living room, dining room, a kitchen that opens into a large great room at the back of the home, one full bathroom for resident use, four bedrooms, a laundry room and an attached garage. There is also an additional bathroom located within the confines of the laundry room. The home is wheelchair accessible with wheelchair ramps at the front and back exits of the home. The home does not contain a basement.

The facility is heated by a natural gas forced air furnace. The furnace and hot water heater are contained in a separate fire resistant rated enclosure located near the garage entrance/exit. The enclosure is equipped with the required 1-3/4 inch solid core wood door that automatically closes. The facility is also equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician and is fully operational.

The living room, dining room and great room offer over 480 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The bedrooms were properly furnished, neat and clean. Each bedroom has an easily operable window, a mirror for grooming and a chair. The bedrooms all have adequate closet space for storage and adequate lighting to provide for the need of the residents.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'2" x 11'10"	108	1
2	11'5" x 12'3"	139	2
3	11'3" x 13'6"	151	2
4	10'8" x 11'9"	125	1

Total capacity: 6

Based on the above measurements, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) adults, male or female, who are 60 years of age or older, who have physical and/or

cognitive impairments that interfere with their ability to live independently. Aleardi's Lilac Inn LLC is equipped to accommodate residents who require a wheelchair.

According to the program statement, supervision and personal care services will be provided to each resident based on his or her individual needs. Each resident's plan of care will be established based on his or her individual needs. As part of the basic fee, Aleardi's Lilac Inn LLC will provide room and board, three daily meals, snacks, laundry, cleaning and all aspects of personal care as needed for bathing, toileting, grooming, dressing, and personal hygiene, maintenance of medication, arranging transportation and arranging medical appointments. Aleardi's Lilac Inn LLC will also offer both indoor and outdoor activities in accordance to the preferences and/or needs and interest of the residents and their family members.

If required, behavioral intervention programs will be developed as identified in an individual's assessment plan. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, and the responsible agency and as written and established by qualified behavioral specialists.

C. Applicant and Administrator Qualifications

The applicant is Aleardi's Lilac Inn, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 2/11/2015. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Aleardi's Lilac Inn, L.L.C. have submitted documentation appointing Denise Aleardi as licensee designee and as the administrator of the facility.

Criminal history background checks of Denise Aleardi were completed and they were determined to be of good moral character to provide licensed adult foster care. Mrs. Aleardi submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Mrs. Aleardi provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Aleardi currently serves as the licensee designee and administrator for three licensed adult foster care homes: Aleardi's 13 Mile – AS630338329, Aleardi's Place of West Bloomfield I – AS630276214 and Aleardi's Place of West Bloomfield II – AS630291519. She has served in this capacity for more than 13 years. Mrs. Aleardi holds an undergraduate degree in Gerontology and a Master's degree in Hospice Administration.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. On Monday, Wednesday and Friday 2 staff will work between the hours of 7 am and 3 pm on Tuesday and Thursday 2 staff will work between the hours of 9 am and 1 pm. Mrs. Aleardi acknowledged that the staff to resident ratio may need to be increased in order to provide the level of

supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mrs. Aleardi has indicated that direct care staff will be awake during sleeping hours.

Mrs. Aleardi acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Mrs. Aleardi acknowledged an understanding of the responsibility to assess the good moral character of employees. Mrs. Aleardi acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Mrs. Aleardi acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) *or licensee designee* will administer medication to residents. In addition, Mrs. Aleardi has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mrs. Aleardi acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mrs. Aleardi acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mrs. Aleardi acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mrs. Aleardi acknowledge the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mrs. Aleardi acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mrs. Aleardi acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The Mrs. Aleardi

acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Mrs. Aleardi acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Mrs. Aleardi indicated the intent to respect and safeguard these resident rights.

Mrs. Aleardi acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Mrs. Aleardi acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mrs. Aleardi acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 6.



11/29/2016

Cindy Adams
Licensing Consultant

Date

Approved By:



11/30/2016

Denise Y. Nunn
Area Manager

Date